efile GRAPHIC print - DO NOT PROCESS As Filed Data -

DLN: 93493319045378 OMB No 1545-0047 **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public Open to Public ▶ Information about Form 990 and its instructions is at www IRS gov/form990 Inspection For the 2017 calendar year, or tax year beginning 01-01-2017 , and ending 12-31-2017 D Employer identification number B Check if applicable CITIZENS FOR THE REPUBLIC INC ☐ Address change ☐ Name change Doing business as ☐ Initial return ☐ Final return/terminated E Telephone number ☐ Amended return Number and street (or P O box if mail is not delivered to street address) Room/suite 919 PRINCE ST ☐ Application pending (703) 739-5920 City or town, state or province, country, and ZIP or foreign postal code ALÉXANDRIÁ, VA 22314 G Gross receipts \$ 5,914 Name and address of principal officer H(a) Is this a group return for CRAIGAN SHIRLEY □Yes ☑No subordinates? 919 PRINCE ST H(b) Are all subordinates ALEXANDRIA, VA ☐ Yes ☐No ıncluded? Tax-exempt status 501(c)(3) ✓ 4947(a)(1) or If "No," attach a list (see instructions) 501(c) (4) ◀ (insert no) **H(c)** Group exemption number ▶ Website: ► WWW CFTR ORG L Year of formation 2009 ${f M}$ State of legal domicile K Form of organization ✓ Corporation ☐ Trust ☐ Association ☐ Other ▶ Summary 1 Briefly describe the organization's mission or most significant activities THE FURTHERANCE AND ENHANCEMENT OF THE GENERAL PUBLIC GOOD BY WORKING TO ENCOURAGE YOUNG PEOPLE TO UNDERSTAND AND APPRECIATE THE FRAMEWORK AND PROCESSES OF A DEMOCRATIC REPUBLIC Activities & Governance Check this box ▶ 🔲 if the organization discontinued its operations or disposed of more than 25% of its net assets Number of voting members of the governing body (Part VI, line 1a) . . . Number of independent voting members of the governing body (Part VI, line 1b) 4 0 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) . 6 0 0 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a Net unrelated business taxable income from Form 990-T, line 34 7b **Prior Year Current Year** 5,914 8 Contributions and grants (Part VIII, line 1h) . 40,479 Program service revenue (Part VIII, line 2g) . 0 0 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 0 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 0 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 40,479 5,914 0 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3). 0 0 14 Benefits paid to or for members (Part IX, column (A), line 4) . 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 16a Professional fundraising fees (Part IX, column (A), line 11e) . **b** Total fundraising expenses (Part IX, column (D), line 25) ▶0 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . 40,892 6,274 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 40,892 6,274 $\mathbf{19}$ Revenue less expenses Subtract line 18 from line 12 . -413 -360 Net Assets or Fund Balances Beginning of Current Year **End of Year** 20 Total assets (Part X, line 16) . 29,191 25,462 46,995 25,206 21 Total liabilities (Part X, line 26) . 22 Net assets or fund balances Subtract line 21 from line 20 -17,804 Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge 2018-11-14 Signature of officer Sign Here CRAIGAN SHIRLEY CHAIRMAN Type or print name and title Print/Type preparer's name JOHN P BAMSEY Preparer's signature JOHN P BAMSEY Date PTIN Check \square if 2018-11-07 P00369575 Paid self-employed

For Paperwork Reduction Act Notice, see the separate instructions.

ALEXANDRIA, VA 22314

May the IRS discuss this return with the preparer shown above? (see instructions) .

Firm's name ROSS & MONCURE INC

Firm's address ► 726 N WASHINGTON ST

Preparer

Use Only

Firm's EIN ▶ 54-1210279

Phone no (703) 549-5276

Form	990 (2017)				Page 2
Par	t IIII Statement of	f Program Service	Accomplishments		
	Check If Schedu	le O contains a respons	e or note to any line in this F	Part III	🗆
1	Briefly describe the org	anızatıon's mıssıon			
			NERAL PUBLIC GOOD BY WO A DEMOCRATIC REPUBLIC	RKING TO ENCOURAGE YOUNG PEOPL	LE TO UNDERSTAND AND
2	Did the organization un				
	the prior Form 990 or 9	990-EZ?			🗌 Yes 🗹 No
	If "Yes," describe these				
3	Did the organization ce	ase conducting, or mak	e significant changes in how	ıt conducts, any program	
	services? If "Yes," describe these				. □Yes ☑No
4		501(c)(4) organizations	are required to report the a	ts three largest program services, as r mount of grants and allocations to oth	
4a	(Code) (Expenses \$	5,775 including grants	of \$) (Revenue \$)
	See Additional Data		-,		
4b	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)
4c	(Code) (Expenses \$	ıncludıng grants	of \$) (Revenue \$)
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
4d	Other program services	s (Describe in Schedule	0)		
	(Expenses \$	ınclud	ng grants of \$) (Revenue \$)
4e	Total program servic	e expenses >	5,775		

or X as applicable

Checklist of Required Schedules

Page 3

No

No

No

Nο

Nο

Nο

Nο

Nο

No

Nο

Nο

Nο

Nο

No

Nο

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Nο

Νo

Nο

No

Nο

Form **990** (2017)

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19

Yes

11a

Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year?

4 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? Did the organization receive or hold a conservation easement, including easements to preserve open space,

5

6 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 🛸 . . . Did the organization maintain collections of works of art, historical treasures, or other similar assets? 8 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, 10 permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 🕏 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX,

Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 🛸 11b Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported ın Part X, line 16? *If "Yes," complete Schedule D, Part IX* 😼 11d Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D. Part X 🕏 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 🛸 12a Did the organization obtain separate, independent audited financial statements for the tax year?

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10?

12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 🕏 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

12b 13 14a **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments 14b

14a Did the organization maintain an office, employees, or agents outside of the United States? . . . valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15

Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to

Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII,

Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"

or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX. 17 column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

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Page 4

No

aluty	checklist of Required Schedules (continued)	
		Τ

25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.

instructions for applicable filing thresholds, conditions, and exceptions)

20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H . . .

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic

Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX.

Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . .

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year

d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . .

that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?

officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?

301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 . . .

is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?

a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L,

Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes,"

b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and

Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons?

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member

Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV

b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part

An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an

Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections

Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and

b If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 197 Note.

Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I .

Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M . . .

current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes,"

government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

column (A), line 2? If "Yes," complete Schedule I, Parts I and III

20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b

Nο

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24d

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25b

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Yes

Form 990 (2017)

Nο Nο Νo

Nο

No

Nο

Nο

Nο

Nο

orm	990 (2017)			Page .
Par				_
	Check if Schedule O contains a response or note to any line in this Part V			Ш
4.	Fortunation according to the Control of Cont		Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		No
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			No
		5b		140
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		No
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7 c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as			
_	required?	7 g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12 10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)			
.2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
.3	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans			
c	Enter the amount of reserves on hand			
42	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
····				

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Par	TVI Governance, Management, and DisclosureFor each "Yes" response to lines 2 through 7b below, and for a "N 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions	o" respo	nse to li	nes
	Check if Schedule O contains a response or note to any line in this Part VI			✓
Se	ection A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	7		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more			
	members of the governing body?	7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7 b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	The governing body?	8 a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No
Se	ection B. Policies (This Section B requests information about policies not required by the Internal Revent	ie Code	⊋.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		No
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		No
14	Did the organization have a written document retention and destruction policy?	14		No
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		No
b	Other officers or key employees of the organization	15b		No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt			
	status with respect to such arrangements?	16b		
Se	ection C. Disclosure			
17	List the States with which a copy of this Form 990 is required to be filed▶ VA			
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website 🗹 Upon request 🗆 Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records ►CRAIGAN SHIRLEY 919 PRINCE ST ALEXANDRIA, VA 22314 (703) 739-5920			

organization and any related organizations

(F)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,

and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount
- of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid • List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the
- List all of the organization's former officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the
- organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

🗹 Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee (A) (B) (C) (D) (E)

Name and Title	Average hours per week (list any hours for related		n (do ne bo	ox, ι n of tor/t	t ch unle: ficei rust	ss pers and a ee)	son	Reportable compensation from the organization (W- 2/1099-	Reportable compensation from related organizations (W- 2/1099-	Estimated amount of other compensation from the organization and
	organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	MISC)	MISC)	related organizations
(1) CRAIGAN SHIRLEY CHAIRMAN	5 00	Х		×				0	0	0
(2) DIANA BANISTER TREASURER	2 00	х		х				0	0	0
(3) MARI MASENG WILL DIRECTOR	1 00	Х						0	0	0
(4) DANIEL OLIVER DIRECTOR	1 00	х						0	0	0
(5) PETER HANNAFORD DIRECTOR	1 00	Х						0	0	0
(6) EDWIN MEESE DIRECTOR	1 00	Х						0	0	0
(7) CLETA MITCHELL SECRETARY	1 00			х				0	0	0
										Form 990 (2017)

Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (F)

Page 8

	(A) Name and Title	Name and Title Average hours per week (list any hours Average hours per week (list any hours Average hours per week (list any hours Average hours per than one box, unless person is both an officer and a director/trustee) Average hours position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours position (do not check more than one box, unless person is both an officer and a director/trustee) Average hours per than one box, unless person is both an officer and a director/trustee)							Reportable compensation from related organizations (w-	(F) Estimated amount of other compensation from the organization and			
		organizations below dotted line)	Individual trustee or director	Institutional Trustee	Officer	key employee	Highest compensated employee	Former	2/109	9-MI5C)	2/1099-MISC	,	relat relat organiz:	ed
c ·	Sub-Total Fotal from continuation sheets to F Fotal (add lines 1b and 1c)	Part VII, Sectio	nΑ.		٠.		* * * *			0		0		0
2	Total number of individuals (includin of reportable compensation from the	g but not limited	to thos			bove	e) who	rece	eived mo	re than \$1	00,000	•		
3	Did the organization list any former line 1a? <i>If "Yes," complete Schedule</i>			ee, k	ey e •	mpl	oyee,	or hi	ghest co	mpensated	employee on	3	Yes	No No
4	For any individual listed on line 1a, is organization and related organization individual										n the	4		No
5	Did any person listed on line 1a rece services rendered to the organization					,			_	tion or indi	vidual for	5		No
Se	ection B. Independent Contrac	tors											'	_
1														
	Name	(A) and business addre	ess							Desc	(B) ription of services		Comper	

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of

compensation from the organization \blacktriangleright 0

Part VIII Statement of Revenue Check if Schedule O contains	a respo	nse or note to any	line in this Part VII	п		🗆
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under section 512-514
1a Federated campaigns	1a	<u>l</u>		revenue		312-314
b Membership dues	1 b					
c Fundraising events	1c					
d Related organizations	1 d					
e Government grants (contributions)	1e					
f All other contributions, gifts, grants, and similar amounts not included	1f	5,914				
above	11	3,514				
g Noncash contributions included in lines 1a-1f \$						
h Total.Add lines 1a-1f		•	5,914			
<u> </u>		Business	s Code			
준 2a 	_					
ф b ————						
2a b c d e f All other program service revenu gTotal Add lines 2a-2f						
ည် d ———————————————————————————————————						
f All other program service revenu	e					
gTotal.Add lines 2a-2f	. ,	•				
3 Investment income (including divi						
similar amounts)		and proceeds	•		+	+
5 Royalties			•		+	
(ı) Re		(II) Personal				
6a Gross rents						
b Less rental expenses			-			
c Rental income or			4			
(loss)						
d Net rental income or (loss) .]			
(1) Secur	ities	(II) Other	_			
from sales of assets other						
than inventory						
b Less cost or other basis and						
sales expenses C Gain or (loss)			-			
d Net gain or (loss)		•	-			
8a Gross income from fundraising e	vents [<u> </u>				
(not including \$ contributions reported on line 1c See Part IV, line 18 b Less direct expenses c Net income or (loss) from fundra 9a Gross income from gaming activity See Part IV, line 19	of)					
See Part IV, line 18	´. a [
b Less direct expenses c Net income or (loss) from fundra	L	nte				
9a Gross income from gaming activi		ents •	1			
See Part IV, line 19	J					
b Less direct expenses	a b		4			
c Net income or (loss) from gamin		es •				
10aGross sales of inventory, less	[<u> </u>				
returns and allowances	a					
b Less cost of goods sold	b		-			
© Net income or (loss) from sales o	of invente	ory >				
Miscellaneous Revenue		Business Code	_			
11a						
_h			1			
b						
			1			
d All other revenue			+			+
e Total. Add lines 11a-11d		•				
12 Total revenue. See Instructions				+		+
== 10tal levellael See Instructions	• • •	• • • •	5,91	14	0	0 Form 000 (301

Dart IV	Statement of Functional Expenses
Pailty	Statement of Functional Expenses

expenses on Schedule O)

25 Total functional expenses. Add lines 1 through 24e **26 Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720)

e All other expenses

b c d

Form 990 (2017) Page 10 Section 501(c)(3) and 501(c)(4) organizations must complete all columns All other organizations must complete column (A) ◪ Check if Schedule O contains a response or note to any line in this Part IX (B) (C) Do not include amounts reported on lines 6b, (D) (A) Management and Program service Total expenses 7b, 8b, 9b, and 10b of Part VIII. Fundraisingexpenses expenses general expenses 1 Grants and other assistance to domestic organizations and domestic governments See Part IV, line 21 2 Grants and other assistance to domestic individuals. See Part IV, line 22 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 4 Benefits paid to or for members 5 Compensation of current officers, directors, trustees, and key employees . . . 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . 7 Other salaries and wages 8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions) . . . 9 Other employee benefits . 10 Payroll taxes . . a Management . . . **b** Legal . c Accounting e Professional fundraising services See Part IV, line 17 f Investment management fees . **g** Other (If line 11g amount exceeds 10% of line 25, column 5,775 5,775 (A) amount, list line 11g expenses on Schedule O) 12 Advertising and promotion . 25 25 13 Office expenses . 14 Information technology 15 Royalties 16 Occupancy 18 Payments of travel or entertainment expenses for any federal, state, or local public officials . **19** Conferences, conventions, and meetings . 474 474 **20** Interest 21 Payments to affiliates . . . 22 Depreciation, depletion, and amortization . 23 Insurance . 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e

6,274

5,775

499

Form 990 (2017)

11 Fees for services (non-employees)

34

34

29,191

0

256

256

25,462

Form **990** (2017)

Page **11**

317

Check if Schedule O contains a response or note to any line in this Part IX $\,$.

		(A) Beginning of year		(B) End of y
1	Cash-non-interest-bearing	204	1	
2	Savings and temperaty each investments		٦	

	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
ets	7	Notes and loans receivable, net	28,987	7	25,145
Assets	8	Inventories for sale or use		8	
⋖	9	Prepaid expenses and deferred charges		9	

	6	Loans and other receivables from other disqualisection 4958(f)(1)), persons described in sectio contributing employers and sponsoring organizations voluntary employees' beneficiary organizations Part II of Schedule L	n 4958(c)(3)(B), and itions of section 501(c)(9) (see instructions) Complete		6	
Assets	7	Notes and loans receivable, net	28,987	7		
	8	Inventories for sale or use		8		
	9	Prepaid expenses and deferred charges		9		
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .			11	
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	e 11		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11			15	
	16	Total assets.Add lines 1 through 15 (must equ	al line 34)	29,191	16	
	17	Accounts payable and accrued expenses			17	

	-	repaid expenses and deterred enarges			_	
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a			
	ь	Less accumulated depreciation	10b		10 c	
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities See Part IV, line		12		
	13	Investments—program-related See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must equ	al line 34)	29,191	16	25,462
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
ý	21	Escrow or custodial account liability Complete P	art IV of Schedule D		21	
iabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
jab		persons Complete Part II of Schedule L		22		
1 7	l					

	"	Less accumulated depreciation	100		100	
	11	Investments—publicly traded securities .		11		
	12	Investments—other securities See Part IV, line	11		12	
	13	Investments—program-related See Part IV, line	e 11		13	
	14	Intangible assets		14		
	15	Other assets See Part IV, line 11		15		
	16	Total assets.Add lines 1 through 15 (must equ	29,191	16	25,462	
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
ý	21	Escrow or custodial account liability Complete F		21		
.iabilities	22	Loans and other payables to current and former key employees, highest compensated employee				
age E		persons Complete Part II of Schedule L		22		
1	l					

		investments program related Section 17, line 11			
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	Total assets.Add lines 1 through 15 (must equal line 34)	29,191	16	25,462
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u> </u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	46,995	25	25,206

	20	Tax-exempt bond liabilities		20	
Š	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
Liabilities	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			
<u>:</u>		persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	46,995	25	25,206
	26	Total liabilities. Add lines 17 through 25	46,995	26	25,206
ses		Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34			

		Complete Part X of Schedule D			
	26	Total liabilities. Add lines 17 through 25	46,995	26	25,206
ances	27	Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets		27	
Balanc	28	Temporarily restricted net assets		28	
ets or Fund E	29	Permanently restricted net assets		29	
	30	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. Capital stock or trust principal, or current funds	0	30	
	31	Paid-in or capital surplus, or land, building or equipment fund	0	31	
Ass	32	Retained earnings, endowment, accumulated income, or other funds	-17,804	32	256
Net	33	Total net assets or fund balances	-17,804	33	256
Z	24	Total lightlying and not acceptable and halances	20 101	24	25.46

Total liabilities and net assets/fund balances

☐ Both consolidated and separate basis

☐ Both consolidated and separate basis

2a

2b

2c

3a

3b

Νo

Nο

No

Form 990 (2017)

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

Consolidated basis

Consolidated basis

b Were the organization's financial statements audited by an independent accountant?

separate basis, consolidated basis, or both

☐ Separate basis

consolidated basis, or both

Separate basis

Audit Act and OMB Circular A-133?

If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a

If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis,

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required

c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

Additional Data

Software ID: Software Version:

THE EDUCATION OF THE GENERAL POPULATION ABOUT, AND THE PROMOTION OF CIVIC UNDERSTANDING AND APPRECIATION OF, THE POLITICAL SYSTEM AT THE

EIN: 32-0234718

Name: CITIZENS FOR THE REPUBLIC INC.

Form 990 (2017)

Form 990, Part III, Line 4a:

NATIONAL LEVEL

efile GRAPHIC print - DO NOT PROCESS As Filed Data -**SCHEDULE D**

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Open to Public

DLN: 93493319045378 OMB No 1545-0047

► Attach to Form 990. Department of the Treasury Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at <u>www.irs.gov/form990</u>.

(Form 990)

Inspection

Na	nme of the organization IZENS FOR THE REPUBLIC INC			Employer iden	tification number					
CI	IZENS FOR THE REPUBLIC INC			32-0234718						
P	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.									
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b)Funds and other accounts									
1	Total number at end of year	(a) Donor advis	ed fullus	(D)Funus a	ind other accounts					
2	Aggregate value of contributions to (during year)		+							
3	Aggregate value of grants from (during year)									
4	Aggregate value at end of year		+							
5	Did the organization inform all donors and donor advisor	s in writing that the asse	ts held in donor adv	used funds are th	 e					
_	organization's property, subject to the organization's ex				☐ Yes ☐ No					
6	Did the organization inform all grantees, donors, and do charitable purposes and not for the benefit of the donor private benefit?				ssible					
Pa	rt II Conservation Easements. Complete if th	e organization answer	ed "Yes" on Form	n 990, Part IV, l						
1	Purpose(s) of conservation easements held by the organ	ization (check all that ap	ply)							
	Preservation of land for public use (e g , recreation	or education)	Preservation of an l	historically import	ant land area					
	Protection of natural habitat		Preservation of a ce	ertified historic st	ructure					
	Preservation of open space									
2	Complete lines 2a through 2d if the organization held a	qualified conservation cor	ntribution in the form	m of a_conservation	on					
	easement on the last day of the tax year				the End of the Year					
а	Total number of conservation easements			2a						
b	Total acreage restricted by conservation easements			2b						
С	Number of conservation easements on a certified historic	` '		2c						
d	Number of conservation easements included in (c) acquistructure listed in the National Register	red after 8/17/06, and no	t on a historic	2d						
3	Number of conservation easements modified, transferred tax year ▶	d, released, extinguished,	, or terminated by t	he organization d	uring the					
4	Number of states where property subject to conservation	n easement is located 🕨								
5	Does the organization have a written policy regarding th and enforcement of the conservation easements it holds	e periodic monitoring, ins ?	spection, handling o	_	☐ Yes ☐ No					
6	Staff and volunteer hours devoted to monitoring, inspec	ting, handling of violation	s, and enforcing co	nservation easem	ents during the year					
7	Amount of expenses incurred in monitoring, inspecting, \$ \begin{align*}	handling of violations, an	d enforcing conserv	ation easements	during the year					
8	Does each conservation easement reported on line 2(d)	above satisfy the require	ments of section 17	'0(h)(4)(B)(ı)						
	and section 170(h)(4)(B)(ii)?	, ,			☐ Yes ☐ No					
9	In Part XIII, describe how the organization reports cons- balance sheet, and include, if applicable, the text of the the organization's accounting for conservation easement	footnote to the organizati								
Pa	Organizations Maintaining Collections Complete if the organization answered "Yes	s" on Form 990, Part I	V, line 8.							
1a	If the organization elected, as permitted under SFAS 11: art, historical treasures, or other similar assets held for provide, in Part XIII, the text of the footnote to its finan	public exhibition, education	on, or research in fu							
b	If the organization elected, as permitted under SFAS 11 historical treasures, or other similar assets held for publifollowing amounts relating to these items									
	(i) Revenue included on Form 990, Part VIII, line 1			> \$						
(ii)Assets included in Form 990, Part X			▶ \$						
2	If the organization received or held works of art, historic following amounts required to be reported under SFAS 1			acıal gaın, provide	the					
а	Revenue included on Form 990, Part VIII, line 1			> \$						
b	Assets included in Form 990, Part X			▶ \$						
For	Paperwork Reduction Act Notice, see the Instruction	s for Form 990.	Cat No. 1	52283D Sched	ule D (Form 990) 2017					

Par	t III	Organizations Ma	aintaining Coll	lections o	f Art, Hi	storical T	reasu	ires, or	Other:	Similar A	ssets (continued)	
3		ng the organization's acqu ns (check all that apply)	uisition, accessior	n, and other	records, c	heck any of	the fo	llowing th	nat are a	significant	use of it	collection	1
а		Public exhibition				d 🗌	Loan	or excha	nge prog	rams			
b		Scholarly research				е 🗌	Othe	r					
c		Preservation for future	generations										
4		vide a description of the c		lections and	explain ho	ow they furt	her the	e organiza	ation's ex	empt purpo	ose in		
5	Dur	ing the year, did the orga ets to be sold to raise fun								ılar	□ Ye	es 🗆	No
Pa	rt IV	Escrow and Custo Complete if the org X, line 21.			' on Form	n 990, Part	IV, lı	ne 9, or	reporte	d an amoi			
1a		ne organization an agent, uded on Form 990, Part X		an or other I	ntermedia	ry for contr	bution	s or othe	r assets i	not	☐ Ye	es 🗆	No
b	If "	Yes," explain the arrange	ement in Part XIII	and comple	te the follo	owing table		Γ		Δ	lmount		
С	Beg	inning balance							1c				
d	Add	itions during the year						Γ	1d				_
е	Dist	ributions during the year						Γ	1e				_
f	End	ing balance						Γ	1f				_
2a	Dıd	the organization include	an amount on Fo	rm 990, Par	t X, line 2:	1, for escrov	v or cu	stodial ad	count lia	bility?	□ Y€	s 🗆	— No
b	If "\	res," explain the arrange	ment in Part XIII	Check here	e if the exp	lanation ha	s been	provided	ın Part >	(III		_	
Pa	irt V	Endowment Fund	ds. Complete ıf	the organi	zation ar	swered "Y	es" or	n Form 9	990, Par	t IV, line 1	10.		_
			·	(a)Curren	t year	(b)Prior yea	ır	(c)Two ye	ars back	(d)Three ye	ars back	(e)Four ye	ars back
1a	Begir	nning of year balance .											
b	Conti	ributions											
c	Net II	nvestment earnings, gain	ns, and losses										
d	Gran	ts or scholarships	•										
е		r expenditures for facilitie programs	es										
f	Admı	nistrative expenses .											
g	End o	of year balance											
2	Pro	vide the estimated percer	ntage of the curre	nt year end	balance (line 1g, colu	mn (a))) held as	;				
а	Boa	rd designated or quasi-er	ndowment 🟲										
b	Peri	manent endowment 🟲											
С	Ten	porarily restricted endow	vment 🕨										
	The	percentages on lines 2a,	, 2b, and 2c shou	ld equal 100)%								
3а		there endowment funds anization by	not in the posses	sion of the o	organizatio	n that are h	eld an	d adminis	stered for	the	_	Yes	No
	(i)	unrelated organizations										a(i)	
b		related organizations . (es" on 3a(ii), are the rela		 s listed as r	• • • • • • • • • • • • • • • • • • •	 Schedule R	. ?				<u> </u>	a(ii) 3b	
4	Des	cribe in Part XIII the inte			n's endowr	ment funds							
Pa	rt VI	, ,				000 B-	T) ()		C	000 B-		10	
	Desc	Complete if the org	ganization answ (a) Cost or oth (investme	er basıs		r other basis (_			m 990, Pa epreciation		ne 10. (d) Book val	ue
12	Land												
	Build	· · · · · · · · · · · · · · · · · · ·											
		ehold improvements											
		oment											
	Othe		1 (1)		00 0 :::			10())					
ı ota	al. Ad	d lines 1a through 1e <i>(Co</i>	olumn (d) must ed	qual Form 9:	90, Part X,	column (B)	, line i	10(c)).	. 1	>			0

	Form 990) 2017 Investments—Other Securities. Complete if the	organizat	ion answ	vered "Yes" on Form 99	Page : D, Part IV, line 11b.
	See Form 990, Part X, line 12. (a) Description of security or category		(b)		d of valuation
	(including name of security)		Book value		year market value
(1) Financial					
(2) Closely-h (3)Other	eld equity interests	· ·			
(A)					
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 12)	•			
Part VIII	Investments—Program Related. Complete if the organization answered 'Yes' on For	rm 990 P	art IV lu	ne 11c. See Form 990	Part X line 13
	(a) Description of investment		ook value	(c) Metho	d of valuation year market value
(1)				Cost of end-of-	year market value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Column	(b) must equal Form 990, Part X, col (B) line 13)	•			
Part IX	Other Assets. Complete if the organization answered 'N (a) Description	res' on Form	m 990, Pa	rt IV, line 11d See Form 9	90, Part X, line 15 (b) Book value
(1)	(a) Description				(B) Book value
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
Total. (Colun	nn (b) must equal Form 990, Part X, col (B) line 15)				•
	Other Liabilities. Complete if the organization and See Form 990, Part X, line 25.	swered 'Ye	es' on Fo	rm 990, Part IV, line 11	e or 11f.
1.	(a) Description of liability		(b) B	ook value	
(1) Federal in BURKE & HER				21,131	
	EDUCATIONAL			4,075	
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
	(b) must equal Form 990, Part X, col (B) line 25)	•		25,206	
	r uncertain tax positions In Part XIII, provide the text of t s liability for uncertain tax positions under FIN 48 (ASC 740				

1

2

Total revenue, gains, and other support per audited financial statements . . .

Amounts included on line 1 but not on Form 990, Part VIII, line 12

Schedule D (Form 990) 2017

1

Schedule D (Form 990) 2017

Page 4

а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line $\mathbf{2e}$ from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b .	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5	
Par	Reconciliation of Expenses per Audited Financial States Complete if the organization answered 'Yes' on Form 990, Pa		Retur	n.
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
С	Add lines 4a and 4b		4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 1	3)	5	
Par	t XIII Supplemental Information			
	ride the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provid		rt V, line	4, Part X, line 2, Part
	Return Reference Explanation			

<u> </u>	orm 990) 2017	Page 5	
Part XIII	Supplemental Info	rmation (continued)	
Return Reference		Explanation	
			Schedule D (Form 990) 2017

efile GRAPH	IIC print	- DO NOT PROCESS	As Filed Data -		DLN	N: 934933190453 7 8	
SCHEDUL	ΕΛ	Sunnlaman	tal Informatic	on to Form 990 or 9	90-E7	OMB No 1545-0047	
(Form 990 or EZ) Department of the T	r 990- Freasury	Complete to pro Form 990 o	Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.			2017 Open to Public Inspection	
Internal Revenue See Name of the org CITIZENS FOR THE		INC			Employer iden 32-0234718	ntification number	
990 Schedul Return Reference	e O, Sup	plemental Informatio	on	Explanation			
FORM 990, PART VI, SECTION A, LINE 2	CRAIGAN SHIRLEY AND DIANA BANISTER ARE OWNERS IN SHIRLEY AND BANISTER PUBLIC AFFAIRS						

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, PART VI, SECTION B, LINE 11B

Return
Reference

Explanation

Explanation

990 Schedule O, Supplemental Information

LINE 19

FORM 990, GOVERNING DOCUMENTS ARE PROVIDED UPON REQUEST
PART VI,
SECTION C,

Return Explanation

990 Schedule O, Supplemental Information

FORM 990, CONSULTING PROGRAM SERVICE EXPENSES 5,775 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 5,775